

# Priority: Adverse Childhood Experiences

**Goal: Prevent and address the impact of Adverse Childhood Experiences.**

## **What are Adverse Childhood Experiences and Why are they Important?**

Adverse childhood experiences (ACEs) are potentially traumatic events that occur in childhood (0-17 years). Numerous studies have found a direct link between adverse childhood experiences and adult onset of chronic disease, incarceration, and employment challenges. Frequent exposure to these stressors and adverse experiences can increase the likelihood that individuals face more health challenges and poor outcomes later in life.

The National Survey of Children's Health indicates that 23% of NYS children aged 0-17 years had one ACE and 15% had 2 or more ACEs, such as the death or incarceration of a parent, witnessing or being a victim of violence, or living with someone with mental health, drug, or alcohol problems. The prevalence of having one or more ACEs increased with age, from 25.3% of children aged 0-5 years to 49.2% of those aged 12-17 years.<sup>250</sup>

The Centers for Disease Control and Prevention (CDC) estimates preventing ACEs could potentially reduce many health conditions. Estimates show up to 1.9 million heart disease cases and 21 million depression cases potentially could have been avoided by preventing ACEs. Reducing the risk of ACEs, as well as the provision of resources and support, could reduce suicide attempts among high school students by as much as 89%, prescription pain medication misuse by as much as 84%, and persistent feelings of sadness or hopelessness by as much as 66%.<sup>251</sup>

By promoting opportunities to support increasing the screening of adults and children for ACEs and enhancing clinical and community supports and prevention efforts for children and families, NYS can reduce the detrimental effect that ACEs can have on the health and well-being of children and families.

**SMART(IE) Objective:**

**16.0 Increase the percentage of adults who, as a child, always had an adult in the household who made them feel safe and protected and tried hard to make sure their basic needs were met from 65.1% to 66.9%.**

**16.1 Increase the percentage of Hispanic adults who, as a child, always had an adult in the household who made them feel safe and protected and tried hard to make sure their basic needs were met from 51.0% to 52.7%**

Desired Outcome	Indicator	Data Source	Population	Baseline	Target
Increase protective factors reported by adults	Percentage of adults who, as a child, always had an adult in the household who made them feel safe and protected and tried hard to make sure their basic needs were met, aged 18 years and older	BRFSS	Adults (Aged 18 years and older)	65.1% (2021)	66.9% (2030)
			Subpopulation of Focus	Baseline	Target
			Hispanic Adults (Aged 18 years and older)	51% (2021)	52.7% (2030)

**SMART(IE) Objective:**

**17.0 Reduce the percentage of adults who, as a child, experienced three or more adverse childhood experiences (ACEs) from 25.3% to 23.8%.**

**17.1 Reduce the percentage of Black, non-Hispanic adults who, as a child, experienced three or more adverse childhood experiences (ACEs) from 29.0% to 27.5%.**

**17.2 Reduce the percentage of Hispanic adults who, as a child, experienced three or more adverse childhood experiences (ACEs) from 28.5% to 26.1%.**

Desired Outcome	Indicator	Data Source	Population	Baseline	Target
Reduce the percentage of adults experiencing three or more adverse childhood experiences (ACEs)	Percentage of adults who, as a child, experienced three or more adverse childhood experiences (ACEs), aged 18 years and older	BRFSS	Adults (Aged 18 years and older)	25.3% (2021)	23.8% (2030)
			Subpopulation of Focus	Baseline	Target
			Black, non-Hispanic Adults (Aged 18 years and older)	Black, non-Hispanic adults 29.0% (2021)	Black, non-Hispanic adults 27.5% (2030)
			Hispanic adults (Aged 18 years and older)	Hispanic adults 28.5% (2021)	Hispanic adults 26.1% (2030)




**SMART(IE) Objective:**

**18.0 Reduce the rate of indicated reports of abuse/maltreatment per 1,000 children and youth aged 0-17 years from 11.3 to 9.8.**

**18.1 Reduce the rate of indicated reports of abuse/maltreatment per 1,000 Black, non-Hispanic children and youth from 21.8 to 19.9.**

**18.2 Reduce the rate of indicated reports of abuse/maltreatment per 1,000 Hispanic children and youth from 13.9 to 12.5.**

Desired Outcome	Indicator	Data Source	Population	Baseline	Target
Reduce indicated reports of abuse/maltreatment rate per 1,000 children and youth aged 0-17 years.	Indicated reports of abuse/maltreatment, rate per 1,000 children and youth, aged 0-17 years	Disproportionate Minority Representation (DMR) Dashboard for OCFS	Children and youth, 0-17	11.3 (2023)	9.8 (2030)
			<b>Subpopulation of Focus</b>	<b>Baseline</b>	<b>Target</b>
			Black, non-Hispanic children and youth	21.8 (2023)	19.9 (2030)
			Hispanic children and youth	13.9 (2023)	12.5 (2030)

Interventions	Population of Focus	Age Range	Intermediate Measures
 <p><b>Featured Intervention:</b> Identify Adverse Childhood Experiences (ACEs) and other types of trauma in primary care settings through screening and referrals.<sup>252</sup></p> <p>LHD H O</p>	Children and Families	All ages	Percentage of primary care settings that screen for ACEs Percentage of support referrals followed through within 6 months of screening
 <p><b>Featured Intervention:</b> Promote education to prevent and/or mitigate ACEs by engaging with public health professionals and community partners. For example:</p> <ul style="list-style-type: none"> <li>• Classes (e.g., continuing education, newborn care, and parenting)</li> <li>• Engaging professionals (e.g., prenatal/postpartum doulas, community service workers, family doulas, mental health providers)</li> <li>• Head Start programs</li> <li>• Early Intervention (EI) screenings</li> <li>• Hospital staff training on infant cues</li> <li>• Kangaroo care<sup>253</sup></li> </ul> <p>LHD H O</p>	Birthing people, new parents, and young children	All ages	Number of campaigns and outreach efforts
 <p>Promote education to improve prenatal care and maternal mortality prevention by engaging with public health professionals and community partners. For example:</p> <ul style="list-style-type: none"> <li>• Health checkups</li> <li>• Housing needs</li> <li>• Access to nutrition support resources such as Women, Infants, and Children (WIC)</li> <li>• Mental health resources and risk assessments</li> <li>• Employment resources</li> <li>• Child care assistance</li> <li>• Temporary Assistance for Needy Families (TANF)<sup>253</sup></li> </ul> <p>LHD H O</p>	Birthing people, new parents, and young children	All ages	Number of campaigns and outreach efforts

Interventions	Population of Focus	Age Range	Intermediate Measures
 <p>Strengthen community partnerships to support education, case coordination, and referrals of at-risk families to local health departments, hospitals, and other community-based organizations to increase participation in home visiting programs (e.g., Healthy Families, Community Health Worker (CHW), Nurse Family Partnership (NFP)).<sup>255</sup></p> 	Children and Families	Birth to adulthood	Number of referrals
 <p>Promote resilient families and children to mitigate ACEs and promote protective factors through education, positive engagement, community, healthy habits, access to Cognitive Behavioral Therapy (CBT), access to Family Opportunity/Resource Centers, and personal growth by enhancing collaboration between state, LHD, and community-based organizations.<sup>256</sup></p> 	Children and Families	Birth to adulthood	Number of partnerships created by LHDs and other organizations
 <p>Conduct public education campaigns to promote and shift social norms around a shared responsibility for the health and well-being of all children. Examples include positive norms around gender, masculinity, help-seeking, and violence prevention towards intimate partners, children, and peers.<sup>253</sup></p> 	Children and Families	All ages	Number of people in general population educated about ACEs through awareness campaign
 <p>Build collaborative partnerships between various community members and organizations to address SDOH and ACEs, to prevent Child Welfare system involvement.<sup>257</sup></p> 	Children and Families	All ages	Number of partnerships created by LHDs and other organizations
 <p>Strengthen Economic Supports to Families by promoting Family Friendly Work, Child Care, and Educational and Employment Policies that strengthen household financial stability via</p>	Parents of At-Risk Youth	Adulthood with special attention to younger parents or disabled parents	Number of campaigns and outreach efforts

Interventions	Population of Focus	Age Range	Intermediate Measures
<p>social media campaigns, community, and business outreach.<sup>253</sup></p> <p></p>			
<p></p> <p>Partner with and support organizations that connect children to caring adults and activities. These include mentoring, afterschool programs, sports, and other extracurricular activities (e.g., Boys and Girls Club, YMCA, Big Brother Big Sister, LEAPS After School).<sup>253</sup></p> <p></p>	Youth	Birth to adulthood	Number of youths participating in community services
<p></p> <p>Integrate principles of trauma-informed approach in workforce development, training, and practices within agencies and across communities to promote a trauma-informed culture. This could include:</p> <ul style="list-style-type: none"> <li>• Governance and leadership</li> <li>• Policy</li> <li>• Physical environment</li> <li>• Engagement and involvement</li> <li>• Cross-sector collaboration</li> <li>• Screening</li> <li>• Assessment and treatment services</li> <li>• Progress monitoring and quality assurance</li> <li>• Financing</li> <li>• Evaluation<sup>258,259</sup></li> </ul> <p></p>	Workforce	Adults	Number of staff at hospital, LHD, or organization who complete trauma-informed approach training
<p></p> <p>Screen for ACEs with evidence-based tools that identify individuals at high risk who may benefit from additional assessment and interventions.<sup>260</sup></p> <p></p>	Indigenous and self-sustained communities	All ages	Number of partnerships created by LHDs and other organizations with underrepresented populations

## Lead Partner Agencies and Organizations

[NYS Department of Health](#)

[Office of Mental Health](#)

[NYS Office of Children and Family Services](#)

Local Departments of Social Services

Local Legislative Officials

Community Businesses

Community-Based Organizations

American Academy of Pediatrics

## Implementation Resources

[Centre of Excellence for Women's Health - Trauma-Informed Practice & the Opioid Crisis](#)

[Adverse Childhood Experiences \(ACEs\) Resources | CDC](#)

[American College of Preventive Medicine: Resources for ACEs](#)

## Adverse Childhood Experiences Citations

250. Interactive Data Query: National Survey of Children's Health (2022-Present). Data Resource Center for Child & Adolescent Health. Accessed February 20, 2025. [childhealthdata.org/browse/survey/results?q=11266&r=34](https://childhealthdata.org/browse/survey/results?q=11266&r=34)
251. CDC. About Adverse Childhood Experiences. CDC, Adverse Childhood Experiences (ACEs). Accessed February 20, 2025. [cdc.gov/aces/about/](https://cdc.gov/aces/about/)
252. Supporting Children Who Have Experienced Trauma. American Academy of Pediatrics. Updated July 21, 2021. Accessed February 20, 2025. [aap.org/en/patient-care/foster-care/supporting-children-who-have-experienced-trauma/?srsltid=AfmBOorIYamb\\_yqyPIZfzbpSRIQGw\\_phFZG4a07wBh\\_QN57cmoHAtLHl#traumatoolbox](https://aap.org/en/patient-care/foster-care/supporting-children-who-have-experienced-trauma/?srsltid=AfmBOorIYamb_yqyPIZfzbpSRIQGw_phFZG4a07wBh_QN57cmoHAtLHl#traumatoolbox)
253. CDC. Adverse Childhood Experiences Prevention Strategy. CDC, National Center for Injury Prevention and Control. Published September 2020. Accessed February 20, 2025 (via WayBack Machine January 31, 2025 archive). [web.archive.org/web/20250131084024/cdc.gov/aces/media/pdfs/ACEs-Strategic-Plan\\_Final\\_508.pdf](https://web.archive.org/web/20250131084024/cdc.gov/aces/media/pdfs/ACEs-Strategic-Plan_Final_508.pdf)
255. Jones CM, Merrick MT, Houry DE. Identifying and Preventing Adverse Childhood Experiences: Implications for Clinical Practice. *JAMA*. 2020;323(1):25-26. doi:10.1001/jama.2019.18499
256. CDC. Policy Approaches to Preventing ACEs. CDC, Injury Center. Accessed February 20, 2025. [cdc.gov/injury/budget-funding/policy-approaches-to-preventing-aces.html](https://cdc.gov/injury/budget-funding/policy-approaches-to-preventing-aces.html)
257. Collaborating for Child Well-Being: A Toolkit for Local Health Departments & Early Care and Education. ChildCare Aware of America, National Association of County and City Health Officials (NACCHO), PennState Extension. Published 2024. Accessed February 20, 2025. [info.childcareaware.org/hubfs/Collaborating%20for%20Child%20Well-Being%20Toolkit%20Sep2024.pdf](https://info.childcareaware.org/hubfs/Collaborating%20for%20Child%20Well-Being%20Toolkit%20Sep2024.pdf)
258. SAMHSA. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. SAMHSA Trauma and Justice Strategic Initiative. Published July 2014. Accessed February 20, 2025 (via WayBack Machine January 24, 2025 archive). [web.archive.org/web/20250124123458/ncsacw.acf.hhs.gov/userfiles/files/SAMHSA\\_Trauma.pdf](https://web.archive.org/web/20250124123458/ncsacw.acf.hhs.gov/userfiles/files/SAMHSA_Trauma.pdf)
259. Foster Accountable, Trauma-Responsive Local, State, and Federal Governments. Campaign for Trauma-Informed Policy and Practice. Accessed February 20, 2025. [ctipp.org/government](https://ctipp.org/government)
260. Healing Frameworks: Understanding ACEs in Indigenous Communities. National Indian Health Board. Updated November 1, 2024. Accessed February 20, 2025. [legacy.nihb.org/aces-resource-basket](https://legacy.nihb.org/aces-resource-basket)